UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	11	Senal			
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Offer and Sale of Series E Convertible P	referred Stock					
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 50	6 Section	on 4(6) ULOE			
Type of Filing: New Filing Am	endment					
	A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the	e issuer					
Name of Issuer (check if this is an ame	ndment and name has changed, and indicate chan	ge.)				
Carbon Design Systems, Inc.						
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone N	umber (Including Area Code)			
375 Totten Pond Road, Suite 100, Walth	am, MA 02451	(781) 890-15	500			
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone N	umber (Including Area Code)			
(if different from Executive Office)						
Brief Description of Business: Developme	nt, Marketing and Sale of Software products					
		. —				
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Type of Business Organization		_	1/22/11 00/01/22/11 00/23/23/11 (00/01/22/21/11/20/01/22/21/20/01/22/21/20/01/20/			
⊠ corporation	☐ limited partnership, already formed	🛛 other	07087014			
business trust	limited partnership, to be formed		01001014			
<u>Month</u> <u>Year</u> ⊠Actual <u></u> Estimated						
. Actual or Estimated Date of Incorporation or Organization: 0 4 0 2						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for Canada; FN for other foreign jurisdiction)						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fees as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with the state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

DEC 2 8 2007

THOMSON FINANCIAL

A. BASIC IDENTIFICATIO	N DATA PAGE TWO								
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corpor	rate general and managin	g partners of partn	ership issuers; and						
Each general and managing partner of partnership issuers.									
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	Manager —						
Full Name (Last name first, if individual) Matrix Partners VII, L.P.									
Business or Residence Address (Number and Street, City, State, Zip Co Bay Colony Corporate Center, 1000 Winter Street, Suite 4500, Walth	-								
Check box(es) that Apply: Promoter Beneficial Owner	Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Full Name (Last name first, if individual) Commonwealth Capital Ventures III L.P.									
Business or Residence Address (Number and Street, City, State, Zip Co 950 Winter Street, Suite 4100, Waltham, MA 02451	de)								
Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager									
Full Name (Last name first, if individual) OneLiberty Ventures 2000, L.P.									
Business or Residence Address (Number and Street, City, State, Zip Co One Memorial Drive, 7 th Floor, Cambridge, MA 02142	de)								
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director							
Full Name (Last name first, if individual) Herman, William									
Business or Residence Address (Number and Street, City, State, Zip Co c/o Carbon Design Systems, Inc., 375 Totten Pond Road, Suite 100, W	•								
Check box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐	Executive Officer	Director	Manager Manager						
Full Name (Last name first, if individual) Lucier, Richard									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Carbon Design Systems, Inc., 375 Totten Pond Road, Suite 100, Waltham, MA 02451									
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	Manager						
Full Name (Last name first, if individual) McCormack, Stephen									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Commonwealth Capital Ventures III L.P., 950 Winter Street, Suite 4100, Waltham, MA 02451									
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director ,	Manager Manager						
Full Name (Last name first, if individual) Ricci, Stephen									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OneLiberty Ventures 2000, L.P., One Memorial Drive, 7 th Floor, Cambridge, MA 02142									
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)									

A. BASIC IDENTIFICATION DATA PAGE TWO (continued)								
2. Enter the information requested for the following:								
• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity								
securities of the issuer;								
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
• Each general and managing partner of partnership issuers. Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Full Name (Last name first, if individual)								
Reiss, Stan								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Matrix Partners VII, L.P., Bay Colony Corporate Center, 1000 Winter Street, Suite 4500, Waltham, MA 02451								
Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Full Name (Last name first, if individual) Dumas, Peter								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Carbon Design Systems, Inc., 375 Totten Pond Road, Suite 100, Waltham, MA 02451								
Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Full Name (Last name first, if individual) Neifert, William								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Carbon Design Systems, Inc., 375 Totten Pond Road, Suite 100, Waltham, MA 02451								
Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Full Name (Last name first, if individual) Hotaling, Kevin								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Carbon Design Systems, Inc., 375 Totten Pond Road, Suite 100, Waltham, MA 02451								
Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Full Name (Last name first, if individual) CCV III Associates L.P.								
Business or Residence Address (Number and Street, City, State, Zip Code) 950 Winter Street, Suite 4100, Waltham, MA 02451								
Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Full Name (Last name first, if individual) OneLiberty Advisors Fund 2000, L.P.								
Business or Residence Address (Number and Street, City, State, Zip Code) One Memorial Drive, 7 th Floor, Cambridge, MA 02142								
Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager								
Full Name (Last name first, if individual) Weston & Co. VII LLC								
Business or Residence Address (Number and Street, City, State, Zip Code) Bay Colony Corporate Center, 1000 Winter Street, Suite 4500, Waltham, MA 02451								
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)								

				B. INF	ORMATI	ON ABOU	T OFFER	ING				
												Yes No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								N/A				
												Yes No
3. Does th	3. Does the offering permit joint ownership of a single unit?									\boxtimes		
4. Enter	the inform	ation reque	ested for ea	ach person	who has	been or w	ill be paid	or given,	directly or	indirectly	, any	
			neration for									
			sociated pe roker or de									
			t forth the i						F			
Full Name	: (Last пал	ne first, if i	ndividual)	-								
Business of	or Residenc	e Address	(Number a	nd Street, (City, State,	Zip Code)						
Name of	Associated	Broker or I	Dealer									
Name of A	1550Clateu	DIOKEI OI I	Jealei									
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
(IL) (MT)	(IN) (NE)	[IA] [VV]	(KS) [NH]	[NJ]	[LA] [NM]	(ME) [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			las Solicite								— ·	
(Check "	All States"	or check in	ndividual S	tates)	• • • • • • • • • • • • • • • • • • • •				•••••		A	II States
Full Name	: (Last nan	ne first, if i	ndividual)								**	
	(======================================		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Business of	r Residenc	e Address	(Number a	nd Street, (City, State,	Zip Code)						
Name of A	Associated	Broker or I	Dealer									
						<u> </u>						
			las Solicite		s to Solicit	Purchasers					Пл	II States
(Спеск	All States	or check in	ndividual S	iales)			***************************************		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	(AI) [VN]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	(MD) (NC)	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nan	ne first, if ii	ndividual)									
Rusiness	r Residenc	e Address	(Number a	nd Street (City State	Zin Code)						
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	(ME)	(MD)	[MA]	(MI)	[MN]	[MS]	[MO]
(MT)	(NE)	[VV]	(NH) (TN)	[NJ] [TX]	[NM] [[T]	[YN] [דען	[NC] (VA)	[ND] [WA]	(WV)	[OK] [WI]	(OR)	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCE	EDS
Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$0	\$0
Equity	\$ 6,021,073.67	\$ 6,021,073.67
☐ Common ☒ Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$0
Other	\$0	\$0
Total	\$ <u>6,021,073.67</u>	\$ 6,021,073.67
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
	Investors	of Purchase
Accredited Investors	7	\$6,021,073.67
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)	0	\$0
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all secu		
types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Cla	ssify securities by type	e listed in Part C - Quest
Type of Offering	Type of Security	Dollar Amount Sold
Type of Offering	•	Solu
Rule 505	0	\$0
Regulation A	0	\$0
Rule 504	0	\$0
Total	0	\$0
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities relating solely to organization expenses of the issuer. The information may be given as subject to fut an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	ure contingencies. If	the amount of
		0
Printing and Engraving Costs		0
Legal Fees	⊠ \$	25,000
Accounting Fees	□ \$ 	0
Engineering Fees	□ \$	0
Sales Commissions (specify finders' fees separately)	s	0

\$ 25,000

	C. OFFERING PRICE, NUMBER OF INVE	STORS, EXPENSES AN	D US	E OF PROCE	EDS
	b. Enter the difference between the aggregate offering price give Question 1 and total expenses furnished in response to Part C - Questio "adjusted gross proceeds to the issuer."	n 4.a. This difference is the		\$	5,996,073.67
5.	Indicate below the amount of the adjusted gross proceeds to the issuer for each of the purposes shown. If the amount for any purpose is not and check the box to the left of the estimate. The total of the pays adjusted gross proceeds to the issuer set forth in response to Part C - Qu				
	aujusted gross proceeds to the issuer set form in response to 1 art C - Qu	estion 4.0 above.		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			\$_0	□ \$ <u>0</u>
	Purchase of real estate			\$ 0	\$ 0
	Purchase, rental or leasing and installation of machiner	and equipment		\$ <u>0</u>	\$ 0
	Construction or leasing of plant buildings and facilities			\$ <u>0</u>	\$ 0
	Acquisition of other businesses (including the value of				
	offering that may be used in exchange for the assets or pursuant to a merger)			\$ <u>0</u>	\$ 0
	Repayment of indebtedness		\$ <u>0</u>	\$ 0	
	Working capital		\$ <u>0</u>	∑ \$ <u>5,996,073.67</u>	
	Other (specify):		\$ <u>0</u>	5 \$ 0	
Column Totals				\$ <u>0</u>	\$5,996,073.67
	Total Payments Listed (column totals added)		\$ <u>5,996,073.67</u>		
	D. FEDERA	L SIGNATURE			
f	The issuer has duly caused this notice to be signed by the undersignal ollowing signature constitutes an undertaking by the issuer to furnequest of its staff, the information furnished by the issuer to any notice.	ned duly authorized person.	ıd Ex	change commis	sion, upon written
L	ssuer (Print or Type) Signature	1 1/1		Date	
Carbon Design Systems, Inc.				Decembe	er <u>19</u> , 2007
	Name of Signer (Print or Type) Richard Lucier President				
	Kichard Lucier President				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END